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Bib Data Sheet

CONFIRMATION NO. 8599

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>08/726,024  | <b>FILING OR 371(c) DATE</b><br>10/04/1996<br><b>RULE</b>   | <b>CLASS</b><br>379           | <b>GROUP ART UNIT</b><br>2614   | <b>ATTORNEY DOCKET NO.</b><br>3052/119 |                                |
| <b>APPLICANTS</b><br>DANIEL A. HENDERSON, LOS ALTOS, CA; OA   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/005,029 10/06/1995 which is a CIP of 08/177,851 01/05/1994 PAT 6,278,862 OA  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>None OA   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 01/22/1997   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>Olisa Agarwal</u> <u>OA</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>47   | <b>TOTAL CLAIMS</b><br>18              | <b>INDEPENDENT CLAIMS</b><br>9 |
| <b>ADDRESS</b><br>Robert K. Tendler<br>Law Offices of Robert K. Tendler<br>65 Atlantic Ave<br>Boston, MA02110   |   |                               |   |  |                                |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR IMPROVED PAGING RECEIVER AND SYSTEM  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1501  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |